

Form	1040	Department of the Treasury—Internal Revenue Service	(99)	2016	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning					2016, ending	, 20
Your first name and initial					Last name	See separate instructions.
RAMONA					WHITESIDE	Your social security number
If a joint return, spouse's first name and initial					Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
17101 CREGIER						
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).					Presidential Election Campaign	
SOUTH HOLLAND IL 60473					Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name					Foreign province/state/country	Foreign postal code
Filing Status						
1 <input type="checkbox"/> Single						
2 <input type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶						
4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶						
5 <input type="checkbox"/> Qualifying widow(er) with dependent child						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.						
b <input type="checkbox"/> Spouse						
c Dependents:						
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b	
VIRGIL	LOGAN		Brother	<input type="checkbox"/>	No. of children on 6c who:	
				<input type="checkbox"/>	• lived with you	
				<input type="checkbox"/>	• did not live with you due to divorce or separation (see instructions)	
				<input type="checkbox"/>	Dependents on 6c not entered above	
d Total number of exemptions claimed					Add numbers on lines above ▶	
					1	
Income						
7 Wages, salaries, tips, etc. Attach Form(s) W-2					7	69,732.
8a Taxable interest. Attach Schedule B if required					8a	
b Tax-exempt interest. Do not include on line 8a					8b	
9a Ordinary dividends. Attach Schedule B if required					9a	
b Qualified dividends					9b	
10 Taxable refunds, credits, or offsets of state and local income taxes					10	
11 Alimony received					11	
12 Business income or (loss). Attach Schedule C or C-EZ					12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>					13	
14 Other gains or (losses). Attach Form 4797					14	
15a IRA distributions					15a	
b Taxable amount					15b	
16a Pensions and annuities					16a	
b Taxable amount					16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17	
18 Farm income or (loss). Attach Schedule F					18	
19 Unemployment compensation					19	
20a Social security benefits					20a	
b Taxable amount					20b	
21 Other income. List type and amount					21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶					22	69,732.
Adjusted Gross Income						
23 Educator expenses					23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ					24	
25 Health savings account deduction. Attach Form 8889					25	
26 Moving expenses. Attach Form 3903					26	
27 Deductible part of self-employment tax. Attach Schedule SE					27	
28 Self-employed SEP, SIMPLE, and qualified plans					28	
29 Self-employed health insurance deduction					29	
30 Penalty on early withdrawal of savings					30	
31a Alimony paid b Recipient's SSN ▶					31a	
32 IRA deduction					32	
33 Student loan interest deduction					33	593.
34 Tuition and fees. Attach Form 8917					34	
35 Domestic production activities deduction. Attach Form 8903					35	
36 Add lines 23 through 35					36	593.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶					37	69,139.

REV 05/22/18 PRO Form **1040** (2016)

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2018 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial: RAMONA Last name: WHITE-BANDY Your social security number: [redacted]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number: [redacted]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 17101 CREGIER AVE Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. SOUTH HOLLAND IL 60473

If more than four dependents, see inst. and check here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
VIRGIL D	LOGAN		Brother	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: [Signature] Date: [redacted] Your occupation: NURSE

Spouse's signature. If a joint return, both must sign. Date: [redacted] Spouse's occupation: [redacted]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [redacted]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [redacted]

Paid Preparer Use Only

Preparer's name: [redacted] Preparer's signature: [redacted] PTIN: [redacted] Firm's EIN: [redacted] Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name: Self-Prepared Phone no.: [redacted]

Firm's address: [redacted]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	73,615.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	73,615.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	73,373.
8	Standard deduction or itemized deductions (from Schedule A)	8	18,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	55,373.
11	a Tax (see inst.) 6,731. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	6,731.
12	b Add any amount from Schedule 2 and check here	12	500.
13	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here	13	6,231.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	6,231.
16	Total tax. Add lines 13 and 14	16	4,194.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	4,194.
19	Add any amount from Schedule 5	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	2,088.
23	Estimated tax penalty (see instructions)	23	51.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>RAMONA</b>	Last name <b>WHITESIDE-BANDY</b>	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>17101 CREGIER AVE</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>SOUTH HOLLAND IL 60473</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
VIRGIL D	LOGAN		Brother	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b> 72,165.
<b>2a</b> Tax-exempt interest	<b>2a</b>
<b>3a</b> Qualified dividends	<b>3a</b>
<b>4a</b> IRA distributions	<b>4a</b>
<b>c</b> Pensions and annuities	<b>4c</b>
<b>5a</b> Social security benefits	<b>5a</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9	<b>7a</b> 0.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>	<b>7b</b> 72,165.
<b>8a</b> Adjustments to income from Schedule 1, line 22	<b>8a</b> 436.
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>	<b>8b</b> 71,729.
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b> 18,560.
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>
<b>11a</b> Add lines 9 and 10	<b>11a</b> 18,560.
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	<b>11b</b> 53,169.

**Standard Deduction for—**  
• Single or Married filing separately, \$12,200  
• Married filing jointly or Qualifying widow(er), \$24,400  
• Head of household, \$18,350  
• If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	6,137.	12b	6,137.
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	6,137.
13a	Child tax credit or credit for other dependents	13a	500.	13b	500.
b	Add Schedule 3, line 7, and line 13a and enter the total			13b	500.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	5,637.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0.
16	Add lines 14 and 15. This is your total tax			16	5,637.
17	Federal income tax withheld from Forms W-2 and 1099			17	1,186.
18	Other payments and refundable credits:				
a	Earned income credit (EIC) No	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	
19	Add lines 17 and 18e. These are your total payments			19	1,186.
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here			21a	
b	Routing number XXXXX XXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		23	4,583.
24	Estimated tax penalty (see instructions)	24	132.		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?  
See instructions.

Amount You Owe

Third Party Designee

(Other than paid preparer)

Sign Here

Joint return?  
See instructions.  
Keep a copy for your records.

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Ramona Whiteside		NURSE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.	Email address

Preparer's name	Preparer's signature	Date	PTIN	Check it: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared	Phone no.		
Firm's address		Firm's EIN		